

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>001140</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 10/16/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>MILLER BEACH TERRACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4905 MELTON RD GARY, IN 46403</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaints IN00155518 and IN00155438 completed on August 28, 2104.</p> <p>Complaint IN00155518- Corrected</p> <p>Complaint IN00155438-Corrected</p> <p>Survey date: October 16, 2014</p> <p>Facility number: 001140 Provider number: 001140 AIM number: N/A</p> <p>Survey team: Janet Adams, RN-TC</p> <p>Census bed type: Residential: 121 Total: 121</p> <p>Census payor type: Other: 121 Total: 121</p> <p>Sample: 3</p> <p>Miller Beach Terrace was found to be in compliance with 410 IAC 16.2.5 in regard to the Post Survey Revisit (PSR) to the Investigation of Complaints IN00155518 and IN00155438.</p> <p>Quality review completed on October 20, 2014, by Janelyn Kulik, RN.</p>	{R 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE